

ASHA SCHOOL STUDENT RECORD BOOK



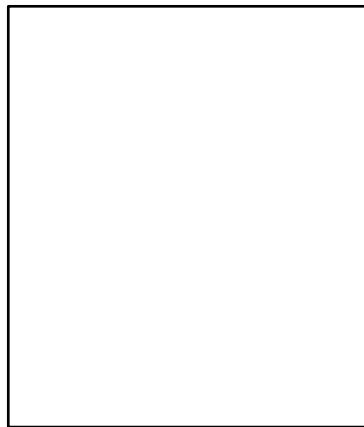
PURPOSE

The Asha School Student Record Book is a brief yet comprehensive documentation of a student's learning trajectory at Asha School. This record book is collated with the purpose of implementing upgraded, standardised practices in assessment, program planning and interventions across all Asha Schools. It would also facilitate continuity in the rehabilitation program of the students as they move to a new station on parent's transfer. The Student Record Book will be issued to every student at the time of admission; maintained by the school, shared with parents when required and subsequently handed over to the students when they leave school.

Apart from this handbook, the Asha School Curriculum Guidelines and the need specific Therapy plans are to be maintained by the school and shared with the parents from time to time and handed over to them when the student takes the transfer certificate from the school.



STUDENT RECORD BOOK



STUDENT'S NAME-.....

SCHOOL'S NAME -.....

STATION'S NAME-.....



CONTENTS

- 1. Student Demographic Details**
- 2. International Classification of Functioning (ICF) Assessment Form**
- 3. Individualized Education Program**
- 4. Progress Report as per Asha Curriculum Guide**
- 5. Academic Report Card (SAMPLE)**
- 6. Parent Teachers Meeting Record**
- 7. Remarks at the Time of issue of Transfer Certificate**



DEMOGRAPHIC DETAILS

Name of Student

Date of Birth.....Age.....Gender.....

Date of Admission.....Admission Number.....

Diagnosis (As per Disability certificate).....

Father's Name.....

Education.....Occupation.....

Civil/ Army.....Rank (only for Army personnel).....

Service Number.....Unit.....

Mobile Number.....

Mother's Name.....

EducationOccupation.....Mobile Number.....

Residential Address(Present).....

Residential Address(Permanent).....

Mode of Transport to School.....

Mother tongue.....Other Languages.....

Siblings [No].....Brothers [No].....Sisters [No].....

Age and Education of siblings:

1.....

2.....

3.....

4.....

Any other important information [H/O significant medical/ family/ educational info]

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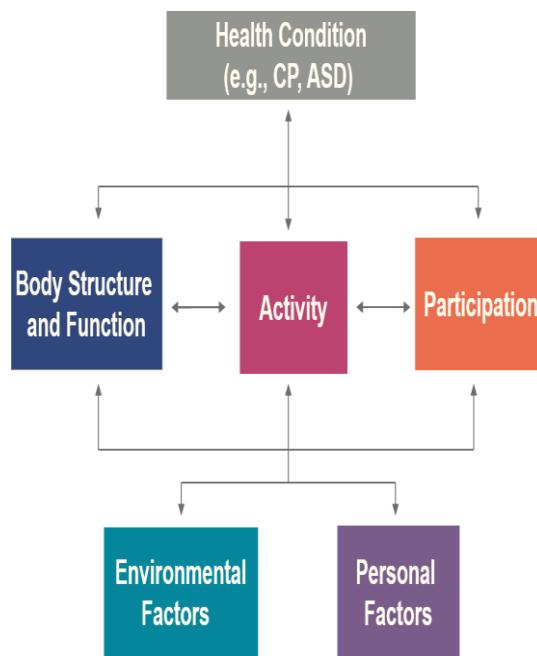
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INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH



Description

The International classification of functioning, disability and health is a frame work of universal, holistic, strength based and interactive model.

- **Body functions:** The physiological functions of body systems.
- **Body Structure:** Anatomical parts of the body.
- **Activities:** The execution of tasks or action by an individual.
- **Participation:** Involvement in a life situation.
- **Environmental Factors:** The physical, social and attitudinal environment. Mention barriers to or facilitators of the person's functioning.
- **Personal factors:** Internal personal factors like age, education etc. as to how disability is experienced by the individual.

(This can also be used to help in grouping of a student along with the Initial Educational Assessment).

References:-

<https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability/icf-resources>.



CURRENT STATUS OF THE STUDENT ON ICF

DATE OF ASSESSMENT:

HEALTH CONDITION		
BODY STRUCTURE AND FUNCTION		
ACTIVITY		
PARTICIPATION		
ENVIRONMENTAL FACTOR	FACILITATORS	BARRIERS
PERSONAL FACTOR		

Teacher's Signature

Principal's Signature



Individualized Educational/ Training Program Asha School

Name:	Class:	Programme:	Date of Implementation: Date of Review:	Class Teacher: Signature:
Prioritized Learning needs/ Areas of focus			Medical Issues and precautions If any:	Language used: Professionals Involved:
Long Term/ Annual Goals:				





Parental Involvement Plan/ Home Management Plan:

Signature:

Parent:

Class Teacher:

Principal:



Therapists Involvement Plan:

Transition Plan, if applicable:

Signature:

Therapist:

Class Teacher:

Principal:





Parental Involvement Plan/ Home Management Plan:

Signature:

Parent:

Class Teacher:

Principal:



Therapists Involvement Plan:

Transition Plan, if applicable:

Signature:

Therapist

Class Teacher

Principal





Parental Involvement Plan/ Home Management Plan:

Signature:

Parent

Class Teacher

Principal



Therapists Involvement Plan:

Transition Plan, if applicable:

Signature:

Therapist

Class Teacher

Principal



Asha School Progress Report
Year ()

Name: Class: Age:

Pen picture of the student

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Annual Record for the Year()

Dates of Assessment: Baseline:

1st Qtr: 2nd Qtr: 3rd Qtr:



Grades for Co-Curricular Domain

S. No.	Domain	No of activities assessed	Final Grade			
			Baseline	1st Qtr	2nd Qtr	3rd Qtr
01	Co-Curricular					

GRADES: A- Takes initiative and participates effectively; B- Participates effectively when someone else initiates; C- Involves self but is not aware of rules/does not cooperate; D- Observes with interest; E- Not Interested; NE- No exposure)

Concluding Remarks

Teacher:

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Principal:

.....

Teacher's Signature

Principal's Signature

Parent's Signature



PARTICIPATION IN SCHOOL/ CITY/ STATE/ NATIONAL EVENTS



ACADEMIC REPORT CARD (SAMPLE)

Name of the Student:

Class:

Pen Picture:

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S No	Subjects	Quarter- 1 Marks Obtained	Quarter- 2 Marks Obtained	Quarter- 3 Marks Obtained	Max Marks
01	English				
02	Hindi				
03	Mathematics				
04	EVS				
05	Computer				
TOTAL					

S No	Co-Curriculum	Quarter- 1 Grade Obtained	Quarter- 2 Grade Obtained	Quarter- 3 Grade Obtained	Remarks
01	Art & Craft				
02	Music & Dance				
03	Games/ Sports				

Grade	Description
A	Exceptional, outstanding and excellent
B	Very good, good
C	Satisfactory,
D	Needs improvement



Quarter-1	Date:
Teacher's Signature:	
Principal's Signature:	
Parent's Signature:	

Quarter-2	Date:
Teacher's Signature:	
Principal's Signature:	
Parent's Signature:	

Quarter-3	Date:
Teacher's Signature:	
Principal's Signature:	
Parent's Signature:	



Parents Teachers Meeting Report

Quarter	Parents Name/ Signature	Remarks

Specific Concern if any by Parents:

Teacher's Remarks:

Principal's Remarks:

Parents/ Caregiver: _____ Teacher: _____

Principal Signature



**ADDITIONAL REMARKS AT THE TIME OF ISSUING TRANSFER CERTIFICATE FROM
SCHOOL**

Date of Issuing TC :

Name of the Principal :

Signature of Principal :

